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**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

**FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility**

BHCE/BWP OPERATIONS MEMO

No.: 03-20

Date: 03/19/2003

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

SUBJECT: REQUEST FOR CONTACT NOTICE

CROSS REFERENCE: 7 CFR 273.12 (c) (3)

EFFECTIVE DATE: March 21, 2003

PURPOSE

This memo notifies workers that a new field on ACCH has been created in CARES to generate a Request for Contact (RFC) notice.

BACKGROUND

The Food Nutrition Service (FNS) requires that a notice be sent when a worker becomes aware of unclear information regarding a case. This letter informs the recipient that the agency has received unclear information and to contact the agency. If the recipient fails to contact the agency within 10 days to clarify or verify the unclear information, the agency will close the Food Stamp case due to loss of contact.

POLICY

The agency may obtain unclear information about changes in a Food Unit's circumstances from which the agency cannot readily determine the effect of the change on the Food Unit's case. The agency may receive such unclear information from a third party or from the Food Unit itself. If there is not enough information reported to fill out the appropriate CARES screen, the worker

should use the "Loss of Contact" field to request contact from the recipient and to close the Food Stamp case if contact is not made timely.

The notice advises the Food Unit that there has been unclear information reported and the need to contact the agency within 10 days. If there are other items that need to be verified, the notice will list those specific items. The notice will also state the consequences if they fail to respond. The Food Unit has 10 days to respond either by telephone or by other correspondence to clarify its circumstances. The burden of clarifying an issue is placed on the Food Unit. If the Food Unit does not respond to the request for contact, the agency must issue a notice of closure for loss of contact and close the Food Stamp case. If the Food Unit does respond but refuses to provide sufficient information to clarify its circumstances, the agency must also issue an appropriate notice to close the Food Stamp case.

CARES PROCEDURES

A new field, "Loss of Contact" (Y/N/?) will be added to ACCH. This new field will default to N (no).

| | | |
|---|-------------------------------|-----------------------|
| ACCH | CASE HOUSEHOLD INFORMATION | 03/12/03 16:13 |
| CASE: 7700299170 | WORKER: XCTE26 CASELOAD: 2278 | XCTE26 S PLOESER |
| LAST UPDATED: 03 10 03 | CASE STATUS: OPEN | CASE MODE: ONGOING |
| OFFICE NUM: 5040 MILW DSS | | |
| SESSION CONTROL DEFAULT FOR EFFECTIVE/BEGIN MMY: 0303 | | |
| CASE FILE LOCATION: IN | LOCATION DATE: 01 10 03 | FILING DATE: 01 10 03 |
| IVD ASSIGNMENT: | | CASE CLOSED DATE: |
| FIRST MI LAST | SUF LANG IND | IN HOUSEHOLD |
| IP NAME: LENNIE | LOSOFCONTACT | E Y |
| NUMBER UNIT DIR ST/RURAL RT/BOX# | SUF QUAD APT | |
| HOUSEHOLD ADDRESS: 123 | W ANY | ST |
| | | FINAL ADDR VR: O |
| CITY: MADWAUKINE | STATE: WI ZIP: 555550000 | VR: CC |
| PHONE: 000 000 0000 | ALTERNATE ADDRESS (Y/N): N | |
| CENSUS TRACT NUM : | REGION NUM: 06 | |
| HAVE YOU RESIDED IN WI ALL YOUR LIFE? (Y/N): Y | LAST SIXTY DAYS?: | VR: _ |
| PREVIOUS WI RESIDENT? (Y/N): | DATE MOVED FROM WI: | |
| STATE MOVED FROM: | DATE MOVED TO WI: | RES REQ MET: |
| LOSS OF CONTACT? (Y/N/?): ? | | |
| NEXT TRAN: | PARMS: 7700299170 | |

Once determined that contact is needed with the food unit, the worker will change the N to ? and run SFEX or SFED. The food stamp case to pend, and generate a verification checklist (AEL2) stating "Unclear information has been received. Contact the agency within 10 days."

| | | |
|--------------------------|---|---------------------|
| EEVC | VERIFICATION CHECKLIST | 02/27/03 11:12 |
| CASE: 1000487211 CAT: FS | SEQ: 01 WORKER: XCTA83 | XCTA83 C NEUENSCHWA |
| LAST UPDATED: 02 27 03 | CASE STATUS: PENDING | CASE MODE: INTAKE |
| NUM NAME | PENDING VERIFICATION DESCRIPTION | |
| 01 JANE F 088 | Proof of the household address. | |
| | 569 Unclear information has been received. Contact the agency w | |
| | ithin 10 days.* | |
| 02 KID F 295 | Proof of birth date. | |

AEL2

AEL2

You have not provided all the verification that we need for your FOOD STAMPS assistance group. Although you may have already given us some of the information we asked for, it did not tell us everything we need to know. Here is a list of what we still need:

Information about your household:

Proof of the household address.

Unclear information has been received. Contact the agency within 10 days.

Information about the following individuals:

NOTE ➤ In order for the verification checklist to be generated, you must enter a "Y" for mailing or a "P" for online printing on AGVC.

An alert will be sent to the worker 10 days after the verification checklist is generated (this process will follow the current logic for any items on the verification checklist). If verification is not received within 10 days, enter a Y (yes) in the "contact needed" field on ACCH, run SFED or SFEX and confirm. The FS AG will close with reason code 136, for loss of contact.

| | | | | |
|------------------------|----------------------------------|--|---------------------|--|
| AGEC | ELIGIBILITY RESULTS CONFIRMATION | | 02/26/03 11:42 | |
| CASE: 3000487239 | WORKER: XCTA83 | | XCTA82 C NEUENSCHWA | |
| LAST UPDATED: 02 26 03 | CASE STATUS: PENDING | | CASE MODE: INTAKE | |

ELIGIBILITY REVIEW DATE:

| CAT | SEQ | PMT BEG DATE | PMT END DATE | BENEFIT AMOUNT | AG STATUS | ELIG STATUS | REASON CODES | MR RSN | CONFIRM (Y/N) |
|------|-------|--------------|--------------|----------------|-----------|-------------|--------------|--------|---------------|
| CC | 01 04 | 01 03 | | 0.00 | DE | FAIL | 112 | — | N |
| CC | 01 03 | 01 03 | 03 31 03 | 0.00 | DE | FAIL | 112 | — | N |
| CC | 01 02 | 01 03 | 02 28 03 | 0.00 | DE | FAIL | 112 | — | N |
| CTSX | 01 04 | 01 03 | | 0.00 | DE | FAIL | 438 | — | N |
| CTSX | 01 03 | 01 03 | 03 31 03 | 0.00 | DE | FAIL | 438 | — | N |
| CTSX | 01 02 | 01 03 | 02 28 03 | 0.00 | DE | FAIL | 438 | — | N |
| FS | 01 04 | 01 03 | | 0.00 | DE | FAIL | 142 | — | N |
| FS | 01 03 | 01 03 | 03 31 03 | 191.00 | DE | FAIL | 112 136 | — | N |
| FS | 01 02 | 26 03 | 02 28 03 | 20.00 | DE | FAIL | 112 136 | — | N |

The notice generated will indicate that the FS AG is closing because there has been a loss of contact with the agency:

Food Stamps (FS)

Your application for FOOD STAMPS dated 02/26/03 has been DENIED effective 02/26/03 through 02/28/03

Here's why:

Information needed to determine eligibility for this program has not been verified. See your verification checklist or contact your worker for more information.

You have lost contact with the agency.

NOTE ➤ If specific items of verification are missing, those items should still be requested individually and processed in CARES accordingly. The “Loss of Contact” field should not be used to replace a request for specific items of verification.

Example: If a Food Stamp program participant tells you they moved but you haven't received verification, use the appropriate address VR fields.

Example: A Notice of Decision was sent to Mike at Adverse Action. The notice was returned to the agency by the Post Office as “undeliverable” with no forwarding address. The worker should enter a “?” on the “Loss of Contact “ field and request verification of Mike’s new address. If Mike does not contact the agency within 10 days, the worker should enter the “Y” on “Loss of Contact” and close the Food Stamp case.

Example: Mary’s neighbor reports to the agency that a man has moved in with Mary and her children. The neighbor doesn’t know the man’s name or if he is related to Mary or her children. The worker should enter a “?” in the Loss of Contact field and send the verification checklist requesting contact. If Mary does not contact the agency within 10 days, a “Y” should be entered and the Food Stamp case closed due to loss of contact.

Example: Lydia’s landlord reports he believes either Lydia or her husband is working but doesn’t know where. The worker doesn’t know if Lydia or her husband is the one working or what the source of income is. The worker should enter the “?” on the “Loss of Contact “ field and send the verification checklist requesting contact. If Lydia does not contact the agency within 10 days, a “Y” should be entered and the Food Stamp case closed due to loss of contact.

If the landlord had reported that Lydia was now working at ABC Corporation, the worker would enter the appropriate information on AFEI and use the “?” s on that screen to pend the case and request verification.

OTHER PROGRAM IMPACT

This policy and the corresponding CARES changes impact the FS program only. If there is another program open, consider the impact of the unverified information and act accordingly based on the policy for that program.

CONTACT

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.